

APPLICATION DATA SHEET**Application Information**

Application Type:: National Phase
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)::
Number of copies of CRF::
Title:: SYNERGISTIC COMBINATION COMPRISING ROFLUMILAST AND AN ANTICHOLINERGIC AGENT SELECTED FROM IPRATROPIUM, OXITROPIUM AND TIOTROPIUM SALTS FOR THE TREATMENT OF RESPIRATORY DISEASES
Attorney Docket Number:: 26967U
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggest Drawing Figure::
Total Drawing Sheets:: 4
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed U.S. Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity

Given Name:: Daniela
Middle Name::
Family Name:: BUNDSCHUH
Name Suffix:::
City of Residence:: Konstanz
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Rheingutstrasse 17,
City of mailing address:: Konstanz
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78462

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Stefan-Lutz
Middle Name::
Family Name:: WOLLIN
Name Suffix:::
City of Residence:: Meersburg
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Lehrenweg 15/4,
City of mailing address:: Meersburg
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 88709

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Christian
Middle Name::
Family Name:: WEIMAR

Name Suffix:::

City of Residence:: Konstanz

State or Province of Residence::

Country of Residence:: DE

Street of Mailing address:: Helene und Maria Schiess-Str.
29,

City of mailing address:: Konstanz

State/Province of mailing address::

Country of mailing address:: DE

Postal Code of mailing address:: 78467

Correspondence Information

Correspondence Customer Number:: 034375

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Representative Information

Representative Customer Number::	034375
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EP	03007101.3	28 March 2003 (28.03.2003)	Yes

Assignee Information

Assignee name:: Altana Pharma AG
Street of mailing address:: Byk-Gulden-Str. 2
City of mailing address:: Konstanz
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78467